

Work Order ID 122418

July-15-14 3:20:14 PM

122418

Page 1

Item ID: D4063-3

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Hose

Start Date: 7/15/14 Start Qty: 4.00

4
4 (6)

Cust Item ID:

Required Date: 7/15/14 Req'd Qty: 4.00

Customer:

Reference:

Approvals: Process Plan: MLS Date: 14-07-16 Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4063	a								

100 0.00

100

Purchasing

Purchasing

Memo

Issue P/O: 25086

Purchase part as per Dwg D4063

Part #: 193-8

***ATTN: ORDER IN UNITS-

EX. IF W/O IS FOR 6 INDICATE ON PO

6 PCS OF 24" *****

Possible Supplier: Stratoflex

Material release note required

0.00

CL 14/07/214

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Packaging

Memo

0.00

16/7/131 (12)

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design <input type="checkbox"/>									
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Handling/Pre <input type="checkbox"/>									
Material <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Offset/Setup <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Transport <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Page 2

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N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Hose

Start Date: 7/15/14

Start Qty: 4.00

4

Cust Item ID:

Required Date: 7/15/14

Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

115

0.00

115

Small Fab

Memo

0.00

Small Fab

CUT TO LENGHT AS PER DWG

6

FF 14-02-08

117

0.00

117

QC

Memo

0.00

Quality Control

6

DAS

38

9-89

14/02/08

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Memo

0.00

Quality Control

6

DAS

9

9-89

DQA: _____ Date: _____

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Design											
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Equip/Tooling											
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Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

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Page 3

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Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>ST220</u> <u>A</u>	0.00							
130									
Packaging	Memo	0.00				6X	DAS 28 9-89		AUG 08 2014
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

MLS 14-08-11

14-8-8

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

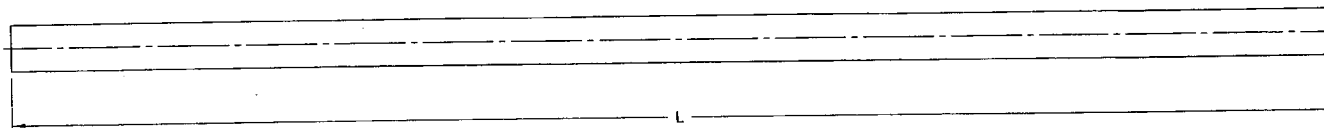
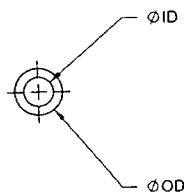
Work Order update only ☐

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Process											
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Training											
Transport											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4063-1	193-6
D4063-3	193-8

SPECIFICATION CONTROL DRAWING



DART PART NUMBER	POSSIBLE SUPPLIER	SUPPLIER PART NUMBER	MATERIAL	MATERIAL SPEC	LENGTH	INSIDE ϕ NOMINAL "ID"	OUTSIDE ϕ NOMINAL "OD"
D4063-1	AVIALL	193-6	SEAMLESS BUNA-N	MIL-H-5593	17.0	0.38	0.60
D4063-3	AVIALL	193-8	SEAMLESS BUNA-N	MIL-H-5593	24.0	0.50	0.75

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT

D4063-X VENT HOSE

RELEASED
2010-05-05
ND

WITHOUT NOTICE
WORK ORDER

NO. 122418-ML5
1407-16

NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4063-1/-3" AND B/N USING WHITE FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 0.11 lbs

REV.	NEW ISSUE	DESCRIPTION	BY	DATE
DESIGN				
DRAWN				
CHECKED				
MFG. APPR.				
APPROVED				
DE APPR.				
DATE	10.02.05			

DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA
DRAWING NO. **D4063**
TITLE **VENT HOSE**
REV. A
SHEET 1 OF 1
SCALE
NTS
COPYRIGHT © 2010 BY DART AEROSPACE LTD
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL. IT IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS
NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT
WRITTEN PERMISSION FROM DART AEROSPACE LTD



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO25086**

Purchase Order Date 7/21/2014

PO Print Date 7/21/2014

Page Number 2 of 4

Order From :

AVIALL
PO BOX 842275

DALLAS, TX 75284-2275
USA

VU-AVI003

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name

Vendor Phone 905-676-1695

Ship To Contact

Ship To Phone

Ship Via: FedEx PI ppd

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax # 10127-2607

Terms

Net 30

Currency

USD

FOB

FCA - (Free Carrier)

3	200-36S	Hose Clamp	7/28/2014	10.00	\$2.27	\$22.70
			Yes	Each		
			7/28/2014			

AS PER DWG D4027 REV. A
B122451
P/N: QS200M36S

Line Total: \$22.70

4	193-6	Stratoflex	7/28/2014	12.00	\$3.21	\$38.52
			Yes	f		
			7/28/2014			

AS PER DWG D4063 REV. A
B122417
1 PCS OF 12 FT

Line Total: \$38.52

5	193-8	Stratoflex	7/28/2014	12.00	\$5.49	\$65.88
			Yes	f		
			7/28/2014			

AS PER DWG D4063 REV. A
B122418
1 PCS OF 12 FT

PO Instructions:

Note:

7/21/2014



PACKING LIST



DELIVERY NUMBER: 8000676919

ROUTE: US FedEx International Priority

PAGE:1 of 1
DATE:07/30/2014
TIME:15:03:33
EMP:00000000
ORD TYP: ZOR 169
CURRENCY:USD

CUSTOMER PO:25086
ORDER NUMBER:1000477648
ORDER DATE:07/22/2014

B I L L T O 10003952
DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
CANADA

S H I P T O 10003952
DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
CANADA

S H I P F R O M 1000
AVIALL CENTRAL WAREHOUSE
DALLAS CDC
2750 REGENT BLVD
DFW AIRPORT TX 75261-9048
USA

LINE	PO LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	QUANTITY BACK ORDER	UOM	LIST PRICE	CUSTOMER PRICE	EXTENDED CUSTOMER PRICE
00010	10	28	20036S CLAMP: LOOP,HOSE,SS	10	10	0	EA	5.67	2.27	22.70
			BATCH 0113401041		10					
00020	20	10	193-6 HOSE: LOW PRESSURE,RUBBER	12	12	0	FT	5.48	3.20	38.40
			BATCH 7363700818 Exp Date: 12/29/2021		12					
00030	30	10	193-8 HOSE: LOW PRESSURE,RUBBER	12	12	0	FT	9.39	5.49	65.88
			BATCH 7363754698 Exp Date :08/19/2021		6					
			BATCH 7363656826 Exp Date :09/30/2020		6					
00040	40	28	NAS1149DN432K WASHER: FLT,AL	100 ✓	100	0	EA	26.70	10.70	10.70
			BATCH 1113426482		100					

This is not an Invoice.
For payment processing, please refer to Invoice.

The recipient of these goods agrees to comply with all export regulations governing the transfer, sale, lease, or use of these goods.
Diversion contrary to U.S. Law is prohibited.

CERTIFICATE OF CONFORMANCE

It is hereby certified that Aviall Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at Aviall.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

JR Hofmann, Director, Global Quality

07/30/2014
Date

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL
RETURNED MERCHANDISE SUBJECT TO HANDLING
FEE.

THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH
THE PROVISIONS OF THE FAIR LABOR ACT OF 1938
AMENDED.

CUSTOMER COPY



Parker Hannifin Corporation
Stratoflex Products Division
220 Roberts Cut-Off Road
Fort Worth, TX 76114 USA
Tel (817) 738-6543
Fax (817) 738-9920

PACKING LIST & CERTIFICATE

INVOICE NO.

Page 1 of

LOC	CUST. NO.	S.O. DATE	DATE PRINTED	DATE ENTERED	CUSTOMER ORDER NUMBER	FOB			
2R	785204	12/19/13	02/07/14	12/19/13	2261701				
TERMS			REQUESTED ROUTING			PPD	COLL	PP&C	SPL
1.5-25 INST-10TH PROX., N3D			PREFERRED SHIPPING INSTRUCTIO				X		
SHIPPED VIA				WAYBILL NO.		# BOXES	WEIGHT		
CEVA						1	740		

SALES ORDER NO. & RELEASE NO. 089691001



DATE SHIPPED
2-24-14

JDD 2-24-14 MW 2-24-14

SOLD TO
AVIALL INC
ATTN ACCOUNTS PAYABLE
P O BOX 619048
DALLAS TX 75261 9048

SHIP TO
AVIALL CENTRAL WAREHOUSE
2750 REGENT BOULEVARD
DFW AIRPORT TX 75261 US

ITEM NO.	QTY ORDERED	PART NUMBER/DESCRIPTION	QTY SHIPPED	PROM DATE/ CUST REQ
PLEASE SHIP FX GROUND 150 POUNDS OR LESS ACCT# 075268572 OVER 150 POUNDS USE CEVA *****ALWAYS SHIP FREIGHT COLLECT*****				
1	400	193-8 193-8=10	HOSE PN#24459308-S ITEM-1 LC B014	02/21/14 03/03/14
		193-8		
		193-8=10		
		ITEM 193-8=10		
		BATCH 7363656826		
		MTITLE		
		03/15/14		
THESE COMMODITIES, TECHNOLOGIES OR SOFTWARE WERE EXPORTED FROM THE UNITED STATES IN ACCORDANCE WITH THE EXPORT ADMINISTRATION REGULATIONS. DIVERSION CONTRARY TO U.S. LAW IS PROHIBITED. THESE ITEMS MAY NOT BE USED, DIRECTLY OR INDIRECTLY, IN PROHIBITED NUCLEAR, CHEMICAL, BIOLOGICAL OR MISSILE WEAPON ACTIVITIES.				
THE LIMITED WARRANTIES AND OTHER TERMS AND CONDITIONS AS STATED ON THE REVERSE SIDE OF THIS DOCUMENT APPLY				

CERTIFICATE OF CONFORMANCE

WE HEREBY CERTIFY THAT THE ABOVE PARTS, INCLUDING ALL MATERIALS, HAVE BEEN MANUFACTURED, TESTED, INSPECTED AND PACKED IN CONFORMANCE WITH ALL OF THE REQUIREMENTS OF YOUR ORDER AND THE APPLICABLE GOVERNMENT SPECIFICATIONS & STANDARDS. RECORDS OF TESTS, INSPECTIONS AND CERTIFICATIONS INDICATING THE ABOVE CONFORMANCE ARE ON FILE AT STRATOFLEX, AVAILABLE FOR YOUR EXAMINATION. OUR QUALITY PROGRAM MEETS THE REQUIREMENTS OF ISO 9001/AS9100 AND D6-82478.

QUALITY REPRESENTATIVE

PART # <u>193-8</u>		SALES ORDER # <u>08969001</u>		
	PREFORM #	CURE DATE	JOB #	LENGTH
✓ 1	<u>23720</u>	<u>30/12</u> ✓	<u>0421523</u> ✓	<u>190</u> ✓
2	<u>2372P</u>	<u>30/12</u>	<u>0421523</u>	<u>190</u>
3	<u>2372D</u>	<u>30/12</u>	<u>0421523</u>	<u>20</u>
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
FILLED BY: <u>JDD</u>			TOTAL LENGTH <u>400</u>	



Parker Hannifin Corporation
Stratoflex Products Division
220 Roberts, Cut-Off Road
Fort Worth, TX 76114 USA
Tel (817) 738-6543
Fax (817) 738-9920

PACKING LIST & CERTIFICATE

INVOICE NO.
55215

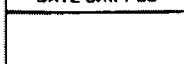
Page 1 of 2

LOC	CUST. NO.	S.O. DATE	DATE PRINTED	DATE ENTERED	CUSTOMER ORDER NUMBER	FOB
2R	785204	04/16/14	06/06/14	04/16/14	0045027497	
TERMS			REQUESTED ROUTING		PPD	COLL
1.5-25 INST-10TH PROX., N30			PREFERRED SHIPPING INSTRUCTIO		PP&C	SPL
SHIPPED VIA			WAYBILL NO.		# BOXES	WEIGHT
			Plw Slw 00416001			

SALES ORDER NO. & RELEASE NO. 005387001







DATE SHIPPED



JDD 100 WAP 7/1/14

S
O
L
D
T
O
AVIALL INC
ATTN ACCOUNTS PAYABLE
P O BOX 619048
DALLAS TX 75261 9048

S
H
I
P
T
O
AVIALL CENTRAL WAREHOUSE
2750 REGENT BOULEVARD
DFW AIRPORT TX 75261 US

ITEM NO.	QTY ORDERED	PART NUMBER/DESCRIPTION	QTY SHIPPED	PROM DATE/ CUST REQ
PLEASE SHIP FX GROUND 150 POUNDS OR LESS ACCT# 075268572 OVER 150 POUNDS USE CEVA ***ALWAYS SHIP FREIGHT COLLECT*****				
1	600	193-8 193-8=10  193-8  193-8=10	HOSE PN#24459308-S ITEM=00010 ECCN# 9A991d LC 1828 I832 L016 ITEM 193-8=10  BATCH 7363754698 	100 COM 06/20/14 07/01/14

CERTIFICATE
OF
CONFORMANCE

WE HEREBY CERTIFY THAT THE ABOVE PARTS, INCLUDING ALL MATERIALS, HAVE BEEN MANUFACTURED, TESTED, INSPECTED AND PACKED IN CONFORMANCE WITH ALL OF THE REQUIREMENTS OF YOUR ORDER AND THE APPLICABLE GOVERNMENT SPECIFICATIONS & STANDARDS. RECORDS OF TESTS, INSPECTIONS AND CERTIFICATIONS INDICATING THE ABOVE CONFORMANCE ARE ON FILE AT STRATOFLEX, AVAILABLE FOR YOUR EXAMINATION. OUR QUALITY PROGRAM MEETS THE REQUIREMENTS OF ISO 9001/AS9100 AND D6-62479.

[Signature]
QUALITY REPRESENTATIVE

PART # <u>193-8</u>		SALES ORDER # <u>005387001</u>		
	PREFORM #	CURE DATE	JOB #	LENGTH
1	<u>2253C</u> ✓	<u>3013</u>	<u>0443217</u>	<u>100</u>
2	<u>2253D</u> ✓	<u>3013</u>	<u>0443217</u>	<u>200</u>
3	<u>1044</u> ✓	<u>2014</u>	<u>0443217</u>	<u>100</u>
4	<u>2253D</u> ✓	<u>3013</u>	<u>0443217</u>	<u>200</u>
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FILLED BY: <u>J.D.D</u>		TOTAL LENGTH <u>600</u>		